

Case Number:	CM13-0034324		
Date Assigned:	12/06/2013	Date of Injury:	12/20/2011
Decision Date:	01/13/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 54-year-old female who reported an injury on 05/22/2012 due to cumulative trauma. The patient underwent an electrodiagnostic study that revealed there was no evidence of neuropathy or radiculopathy of the right upper extremity, and t underwent right carpal tunnel release on 10/11/2012. She was treated postsurgically with physical therapy, a home exercise program, a TENS unit, and H-wave therapy. The patient has persistent pain complaints related to right reflex sympathetic dystrophy. The most recent physical exam findings included parascapular and paracervical musculature tenderness, slightly decreased shoulder elevation and abduction on the right side, tenderness throughout the right forearm and hand. The patient's diagnoses included left carpal tunnel syndrome and right upper extremity reflex sympathetic dystrophy. The patient's treatment plan included medications, a sympathetic blockade, chiropractic care, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy (PT) (mirror box treatment) QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC; Intergrated Therapy/Disability Duration Guidelines are silent. ...

MAXIMUS guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines.

Decision rationale: The patient does have persistent pain complaints of the right upper extremity that have failed to respond to H-wave therapy and a TENS unit. Peer-reviewed journal article titled, "Mirror Box Therapy - Seeing is Believing Explore" stated, "Mind-body modalities are thought to play a role; however, the lack of clear consensus and large body of clinical experience makes it hard to provide good evidence-based recommendations to most of our chronic pain patients." As this type of physical therapy would be considered a passive modality and it is not supported by scientific evidence-based studies, this type of treatment for complex regional pain syndrome would not be supported. As such, the requested physical therapy mirror box treatment is not medically necessary or appropriate.

Home health aide frequency/duration (unspecified) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Page(s): 51.

Decision rationale: The clinical documentation submitted for review does indicate the patient is homebound on an intermittent basis. However, California Medical Treatment Utilization Schedule states, "Medical treatment does not include home maker services like shopping, cleaning, and laundry and personal care given by home health aids like bathing, dressing, and using the bathroom when this the only care needed." The clinical documentation submitted for review does indicate the patient mainly requires assistance with homemaker services and personal care. Therefore, home health services would not be supported by guideline recommendations. As such, the requested home healthcare services are not medically necessary or appropriate.

Sympathetic blockade: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 38-39.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines sympathetic and epidural blocks Page(s): 39.

Decision rationale: The patient does have chronic pain related to a failed carpal tunnel syndrome release surgery. The clinical documentation submitted for review does indicate that this sympathetic block would be used for diagnostic purposes and to facilitate the patient's ability to participate in a physical therapy program. The clinical documentation submitted for review does indicate the patient is participating in chiropractic care. However, it is not considered an active therapy program. Additionally, there is a concurrent request for mirror box therapy. This is also not an active therapy program. Therefore, it is unclear how a sympathetic block would assist in facilitating a physical therapy program. As such, the requested sympathetic block is not medically necessary or appropriate.

